



Florida Refugee Health Program Report 2010-2012

Florida Department of Health
Division of Community Health Promotion
Bureau of Family Health Services
Refugee Health Program



Overview

The vision of the Florida Refugee Health Program (RHP) is to provide culturally sensitive health services to enhance the personal health status and self-sufficiency of those individuals eligible for federal refugee benefits. The RHP also ensures the protection of public health in Florida through the testing and treatment of communicable diseases among the refugee¹ population.

Between calendar years (CY) 2010-2012, Florida received 81,630 refugee arrivals in 44 counties of the state. Based on data collected by the Office of Refugee Resettlement for federal fiscal years 2011 and 2012, Florida received the largest number of refugee arrivals (43,184) in the nation. In comparison, California resettled 16,714 refugees while Texas resettled 15,002 refugees. New York and Michigan followed with 8,879 and 6,569 refugee arrivals, respectively.

Health Screening and Immunization Services Provided

Prior to resettlement in the U.S., refugees are required to receive an overseas medical examination to identify communicable diseases, such as active and infectious tuberculosis (TB), which may preclude them from entering the country. Following their arrival in the U.S., refugees are eligible to receive a free refugee health assessment (RHA) and immunizations within 90 days from their date of arrival. RHAs are available through RHPs located within local health departments (LHDs). Although refugees may have received a medical examination overseas, the RHA services provided by the RHP are far more comprehensive than the current overseas examinations and assist in identifying health conditions that may keep the refugee from successfully integrating into society. The RHA is a voluntary service, but it is beneficial for the refugee as it provides access to free immunizations, satisfies school physical requirements, and may be used for adjustment of immigration status purposes.

The services provided in conjunction with the RHA include screening for communicable and chronic diseases, pregnancy testing, mental health and domestic violence, as well as health education and immunizations. Non-English speaking patients are provided with face-to-face or telephonic interpretation.

¹ For the purposes of this report the term refugee encompasses all individuals with an immigration status that is eligible for federal refugee benefits. The term refugee includes asylees, Cuban/Haitian Entrant, Iraqi/Afghan Special Immigrant Visa (SIV) holders, Amerasians, and Certified Victims of Human Trafficking.

Program Statistics

Arrivals and Screenings

The Florida RHP continually strives to attain a health screening rate of 93% for its over 28,000 eligible refugee arrivals.² In 2010, Florida received 25,019 new arrivals eligible for refugee health services and achieved a screening rate of 93.24%. In 2011, the number of eligible refugee arrivals was 26,041 and the RHP successfully screened 93.12% of the population. In 2012, the RHP screened 93.58% of the 30,570 eligible refugee arrivals. Between CY 2010-2012, Miami-Dade County received the largest number of refugee arrivals in the state, with the total percent of arrivals ranging between 72.6% and 74.9%. Despite the large number of refugee arrivals in Miami-Dade County, the Miami-Dade RHP maintained an average screening rate of over 93% during the three-year report period. Hillsborough, Palm Beach, Duval, Orange, Broward, Collier, Lee, and Pinellas counties received the majority of the remaining refugee arrivals. Miami-Dade, Hillsborough, Broward, Collier and Lee counties experienced an upward trend in refugee arrivals over the three-year period while Hillsborough, Palm Beach, Orange and Pinellas counties experienced some fluctuation in refugee arrivals. For a breakdown of arrivals and screenings by county, see Appendix 1.

The majority of Florida's arrivals originate from Cuba, with the annual number of arrivals ranging from 22,166 to 27,786 during the three-year report period. Haiti, Burma (officially known as Myanmar), Venezuela, Colombia, and Iraq all followed with over 100 arrivals originating from each country annually. For a breakdown of arrivals and screening by county, see Appendix 2. During the three-year report period, Cuba displayed an increasing trend in refugee arrivals. Simultaneously, arrivals originating from Haiti, Burma, Venezuela, and Colombia declined. Arrivals from Iraq fluctuated over the three-year report period, but experienced an overall increase by 2012. Screening rates among Spanish-speaking populations originating from Cuba, Venezuela, and Colombia, as well as Iraqi and Afghani arrivals were higher than those from countries with another native language. The screening rates of individuals from Haiti and Southeast Asia were consistently low during the three-year report period. The low screening rates of Haitian clients may be attributed to their status as asylees. Asylees typically receive no assistance from refugee resettlement agencies with accessing health and social services, or completing applications for public benefits. A breakdown of the arrivals and screenings by country of origin is provided in Appendix 2.

Local RHPs make every effort to schedule clients for a RHA, but some refugees still do not seek refugee health services. The most common reasons for not receiving a RHA are due to barriers such as conflicts between the refugee's employment and clinic operating hours, lack of transportation, lack of knowledge about the services, and a misunderstanding about the intent of health screening services. The RH Program Office provides ongoing technical assistance and support to local RHPs to ensure they have the most culturally and linguistically appropriate outreach and education materials available for their client population.

² In 2013, the RHP changed the percentage to strive for a higher percent (95%) of refugees being screened.

Arrival Trends

Port of Entry

Most refugee arrivals in Florida enter through the Miami port of entry and resettle in Miami-Dade County. However, Florida is experiencing an increase in refugees arriving through the Chicago and New York City ports of entry. The RHP is notified in advance of traditional port of entry (i.e., international airports and seaports) refugee arrivals by the Centers for Disease Control and Prevention's (CDC's) Electronic Disease Notification (EDN) System. The RHP does not receive prior arrival notifications for non-traditional refugee arrivals such as primary asylees, irregular maritime arrivals, and border crossers who are eligible for refugee services. Irregular maritime arrivals and border crosser populations refer to Cuban/Haitian entrants who may have arrived via water or land (U.S./Mexico or U.S./Canada border) and have received an immigration status that deems them eligible for refugee benefits. The vast majority of Texas arrivals consisted of border-crossers. Arrivals through non-traditional ports of entry increased dramatically between 2010 and 2012. There were 338 (1.4%) non-traditional arrivals in 2010, 2,298 (8.8%) in 2011, and 8,229 (26.9%) in 2012. Non-traditional arrivals include both border-crossers and irregular maritime arrivals. Border-crossers are Cuban/Haitian entrants who may have arrived via water or land (U.S./Mexico or U.S./Canada) and have received an immigration status that deems them eligible for refugee benefits, such as public interest parole. Trends in arrivals through the aforementioned ports of entry are shown in Table 1.

Table 1. Refugee Arrivals by Ports of Entry, CY 2010-2012, Refugee Domestic Health Assessment System (RDHAS) Data

PORT OF ENTRY	2010		2011		2012	
	ARRIVALS	% of Total Arrivals	ARRIVALS	% of Total Arrivals	ARRIVALS	% of Total Arrivals
ANCHORAGE	2	0.01%	7	0.03%	1	0.00%
ARIZONA (CBP)	0	0.00%	4	0.02	34	0.11
ATLANTA	7	0.03%	13	0.05%	19	0.06%
BORDER PATROL ³	332	1.33%	290	1.11%	0	0.00%
BOSTON	3	0.01%	1	0.00%	3	0.01%
CALIFORNIA (CBP)	0	0.00%	111	0.43%	303	0.99%
CHICAGO	364	1.45%	212	0.81%	185	0.61%
DETROIT	3	0.01%	4	0.02%	5	0.02%
EL PASO	1	0.00%	0	0.00%	9	0.03%

³ The "Border Patrol" port of entry was phased out during the reporting period and replaced by "CBP", which is the acronym for the U.S. Customs and Border Protection Agency. This allowed for more accurate tracking and reporting of non-traditional arrivals at maritime or land border ports of entry.

FLORIDA (CBP)	1	0.00%	120	0.46%	494	1.62%
HONOLULU	0	0.00%	3	0.01%	0	0.00%
HOUSTON	0	0.00%	1	0.00%	3	0.01%
LOS ANGELES	235	0.94%	206	0.79%	207	0.68%
MIAMI	19,205	76.76%	19,663	75.51%	20,147	65.90%
MINNEAPOLIS	1	0.00%	5	0.02%	7	0.02%
NEW MEXICO (CBP)	0	0.00%	5	0.02%	31	0.10%
NEW YORK (CBP)	2	0.01%	86	0.33%	485	1.59%
NEW YORK CITY	732	2.93%	673	2.58%	805	2.63%
NEWARK	195	0.78%	58	0.22%	136	0.44%
PUERTO RICO	116	0.46%	112	0.43%	74	0.24%
SAN DIEGO	13	0.05%	47	0.18%	67	0.22%
SAN FRANCISCO	10	0.04%	12	0.05%	2	0.01%
SANFORD	3	0.01%	1	0.00%	8	0.03%
ST. THOMAS/V.I.	14	0.06%	30	0.12%	58	0.19%
SEATTLE	0	0.00%	4	0.02%	2	0.01%
TAMPA	0	0.00%	0	0.00%	416	1.36%
TEXAS⁴	3,631	14.51%	2,561	9.83%	0	0.00%
TEXAS (CBP)	3	0.01%	1,682	6.46%	6,882	22.51%
UNKNOWN	135	0.54%	124	0.48%	175	0.57%
WASHINGTON DC	10	0.04%	4	0.02%	9	0.03%
WEST PALM BEACH	1	0.00%	2	0.01%	4	0.01%
TOTALS	25,019	100.00%	26,041	100.00%	30,571	100.00%

Immigration Status

Closely related to the trends in ports of entry for refugee arrivals are the trends in the immigration status of refugee arrivals. Although the term refugee is used throughout this report to encompass all eligible populations, there are 11 different immigration statuses represented in Florida's arrivals. Since 2010, parolees⁵ have been the largest immigration status represented in the eligible arrival population in Florida, followed by refugees and asylees. Table 2 illustrates that parolee and refugee arrivals have been experiencing a steady increase in the percentage of total arrivals, while the Notice to Appear I-862 and Order I-220A statuses have been decreasing. Customs and Border Patrol arrivals indicate an increase in border crossers and irregular maritime arrivals. Most of the border crossers were granted parolee status at the

⁴ The Texas "Border Patrol" port of entry was phased out during the reporting period and replaced by the Texas (CBP) to distinguish between traditional and non-traditional arrivals. Consequently, arrivals dropped to zero in 2012 because the arrivals were all border-crossers and processed through the Texas CBP.

⁵ Parolees are individuals granted entry into the U.S. for humanitarian reasons or for emergent or compelling reasons of significant public benefit.

border, which reflects a change from prior years when most of them received the Notice to Appear I-862 or I-220s. Similarly, increases in the refugee status correspond to increases in arrivals entering through Chicago and New York City, common ports of entry for refugee arrivals from Africa, Asia, and Europe. As a result of increased outreach and awareness efforts across the nation and in Florida, victims of trafficking (VOT 107B) are an emerging population that will likely continue to increase in the coming years.

Table 2. Eligible Arrivals by Immigration Status, CY 2010-2012, RDHAS Data

IMMIGRATION STATUS	2010		2011		2012	
	ARRIVALS	% of Total Arrivals	ARRIVALS	% of Total Arrivals	ARRIVALS	% of Total Arrivals
PAROLEE 212 D 5	18,679	74.66%	21,609	82.98%	25,521	83.48%
NOTICE TO APPEAR I-862	464	1.85%	605	2.32%	588	1.92%
REFUGEE 207	4,585	18.33%	2,503	9.61%	3,116	10.19%
ASYLEE 208	1,172	4.68%	1,260	4.84%	1,215	3.97%
ORDER I-220A	13	0.05%	7	0.03%	9	0.03%
ENTERED WITHOUT INSPECTION	1	0.00%	0	0.00%	1	0.00%
CUBAN/HAITIAN ENTRANT	0	0.00%	4	0.02%	4	0.01%
AMERASIAN	2	0.01%	0	0.00%	0	0.00%
IRAQI/AFGHAN SPECIAL IMMIGRANT VISA	59	0.24%	29	0.11%	101	0.33%
CUBAN/HAITIAN ASYLUM APPLICANT	8	0.03%	5	0.02%	11	0.04%
VOT 107B	36	0.14%	19	0.07%	5	0.02%
TOTALS	25,019	100.0%	26,041	100.0%	30,571	100.0%

Health Outcomes

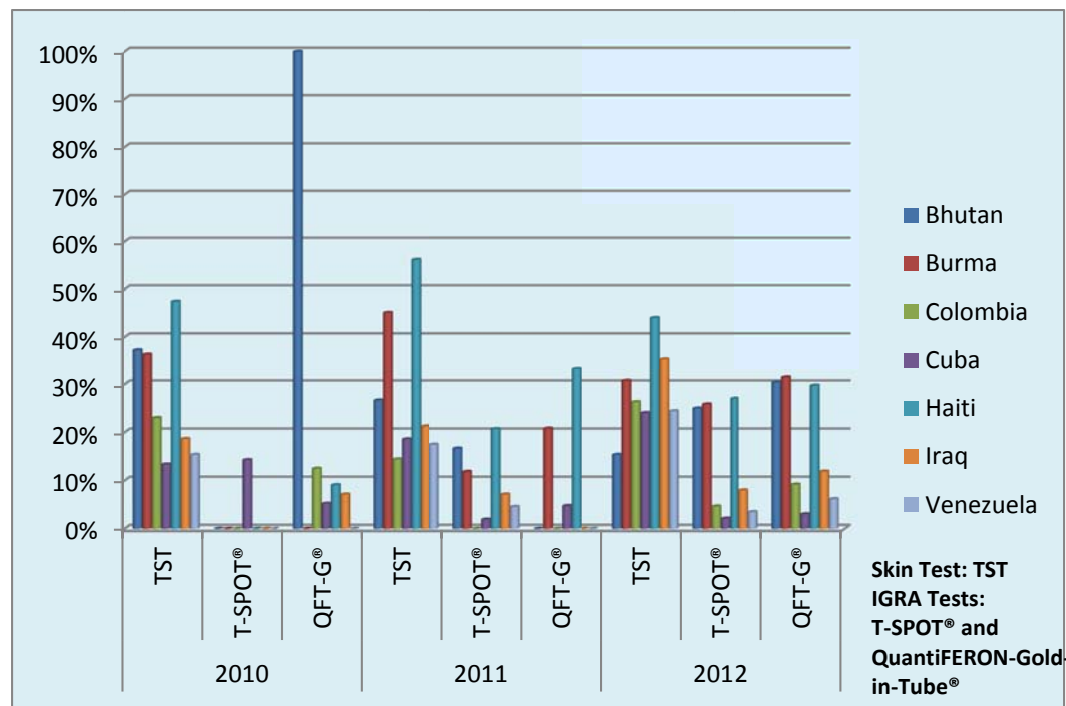
Tuberculosis (TB)

Approximately 8.6 million people developed TB and 1.3 million died from it in 2012 (WHO, 2014a). The Centers for Disease Control and Prevention (CDC; 2012) reported that 63% of the TB cases that occurred in the United States in 2012 were among persons born abroad (15.9 cases per 100,000), which was 11 times higher than among persons born in the U.S. (1.4 cases per 100,000). Although many people have received the TB vaccine, bacille Calmette-Guérin (BCG) in parts of the world where TB is common such as Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia, many newly arrived refugees have been exposed to TB and have not been vaccinated. Therefore, after arriving in the United States, the RHP requires that all refugees over six months of age be tested for TB during the RHA. There are two types of TB tests: the Tuberculin skin test (TST) and a TB blood test known as interferon-gamma release assay (IGRA). With the latter, the U.S. Food and Drug Administration (FDA) has approved two

IGRA tests, the T-SPOT® and QuantiFERON-Gold-in-Tube® (QFT-G®). IGRA test results are more reliable than TSTs, especially in people who have had a prior BCG vaccine, which may cause a positive skin test when they are not infected with TB bacteria. However, TSTs are more appropriate for children from the ages of six months to five years (CDC, 2010). Refugees who test positive for TB are referred to health department TB Clinics for treatment and follow-up care.

The overall percentage of positivity for all new arrivals in Florida during the reporting period by test type are: TB skin test (20.04%); TB Spot (6.25%); and GFT-G® (5.76%). Figure 1 illustrates the percentage of positive TB tests, by test type, among select arrival populations.

Figure 1. Percentage of Positive Tuberculosis Results among Select Arrival Populations, CY 2010 – 2012, RDHAS Data

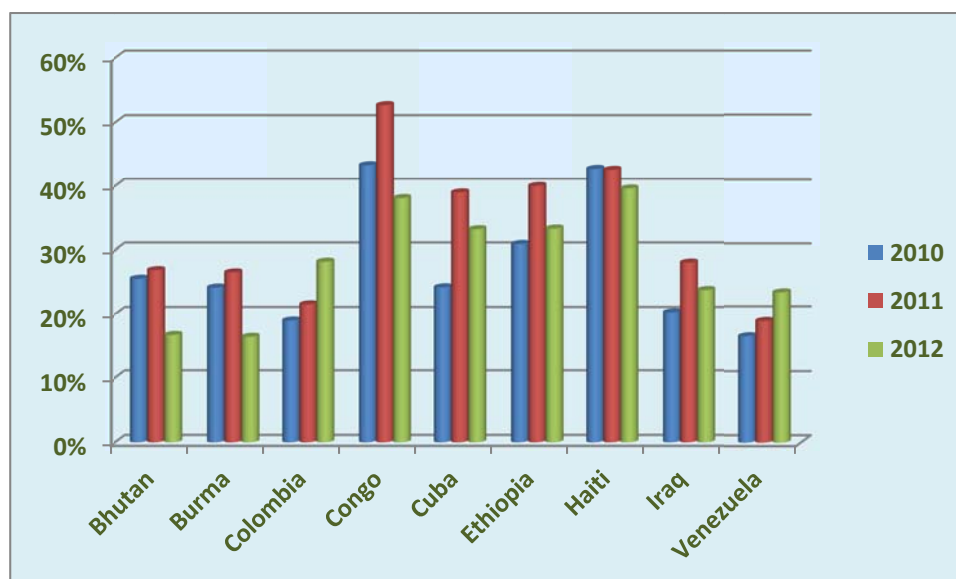


Ova and Parasites

Refugees provide a stool sample during their RHA to determine if they have the presence of ova and parasites in their stool. Refugees often have abnormal results from their ova and parasites tests due to poor hygiene habits prior to resettlement. The percentage of abnormal ova and parasites results among the total refugee population increased dramatically in CY 2010 when 24.61% of the refugee population tested positive compared to CY 2009 when only 10.87% of the population had abnormal ova and parasites tests. The numbers of abnormal ova and parasites tests increased again in CY 2011 to 38.20% of the refugee population before falling to 32.54% in CY 2012. It is important to note that abnormal results include pathogenic and non-

pathogenic test results. The three-year trend of abnormal ova and parasites results for those countries with high abnormal results are detailed in the Figure 2.

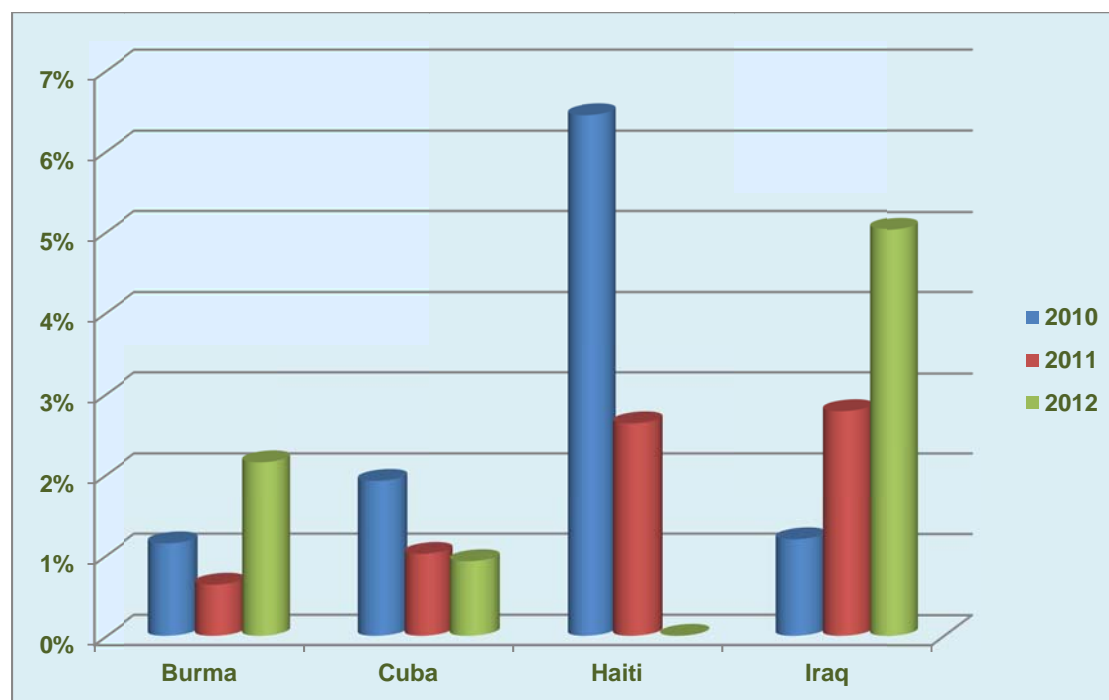
Figure 2. Percentage of Abnormal Ova and Parasites Results among Select Arrival Populations, CY 2010-2012, RDHAS Data



Refugee Children and Lead Testing

Refugee children undergo lead screening as a routine part of the RHA. Between CY 2010-2012, the overall percentage of positivity for all newly arrived refugee children was 1.37%. Among refugee children originating from Haiti, Iraq, Burma, and Cuba were the primary source of positive lead screening results. Haiti and Iraq had the highest positivity rates of 3.03% and 3.00%, respectively. Test results for Burmese and Cuban children were relatively stable from 2010 through 2012, while positive test results for Haitian children experienced a significant drop (6.45% in CY 2010 to 0% in CY 2012). Iraqi refugee children were the only group to experience a significant increase in positive lead screening results (1.19% in CY 2010 to 5.04% in CY 2012). The positivity rates for lead screening among children from these countries are detailed in Figure 3.

Figure 3. Refugee Children from Select Countries Testing Positive for the Presence of Lead, CY 2010-2012, RDHAS Data



Blood Pressure and Blood Sugar

Elevated blood pressure and blood sugar, common conditions found in the U.S., are also found in many refugee populations. The percentage of refugees with high blood pressure has remained consistent over the three-year report period, despite a slight drop in CY 2012, with 16.43% of all refugees screened showing signs of high blood pressure. The total percentage of refugees with high blood pressure is driven by the Cuban population, with nearly one-sixth of Cubans displaying high blood pressure. Rates are also high among refugees originating from Bhutan, Burma, Colombia, Ethiopia, Haiti, Iraq, and Venezuela. These rates are displayed in Figure 4.

The percentage of refugees found to have elevated blood sugar levels are not as high as those with high blood pressure, but are still problematic as many of these populations originate from countries where there is little or no access to health care services or treatment. The overall percentage of refugees with elevated blood sugar levels fluctuated from a low of 4.22% in CY 2010 to 6.66% in CY 2011 to 5.45% in CY 2012. Countries with high percentages of elevated blood sugar levels are Bhutan, Burma, Colombia, Cuba, Egypt, Haiti, Iran, Iraq, and Venezuela. The percentage of refugees with elevated blood sugar levels are detailed in Figure 5.

Figure 4. Percentage of Arrivals from Select Countries with High Blood Pressure, CY 2010-2012, RDHAS Data

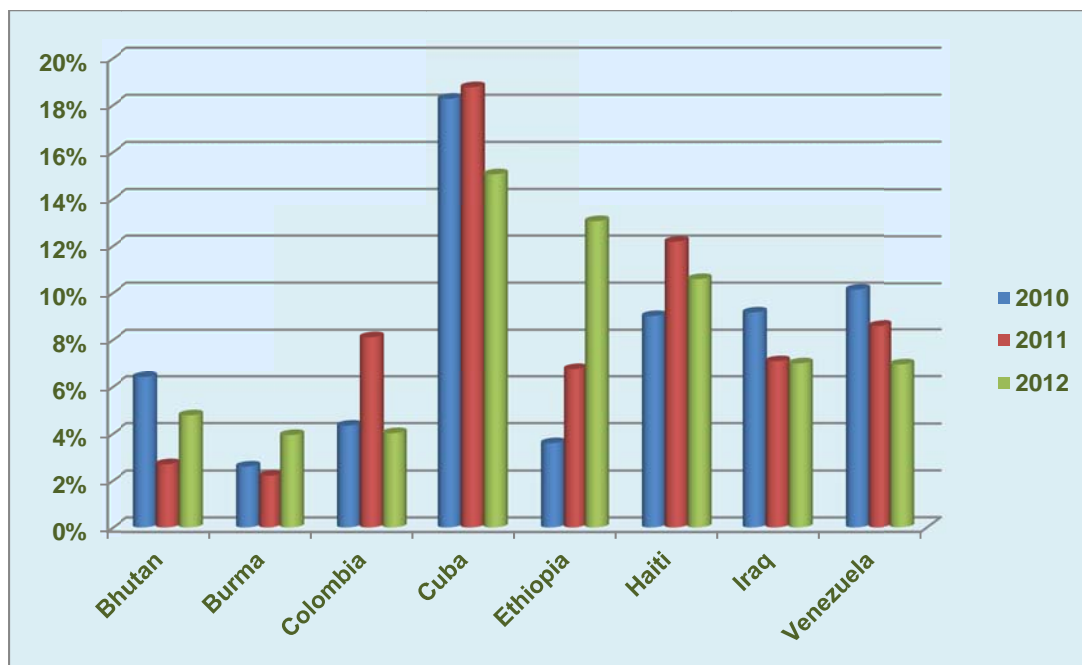
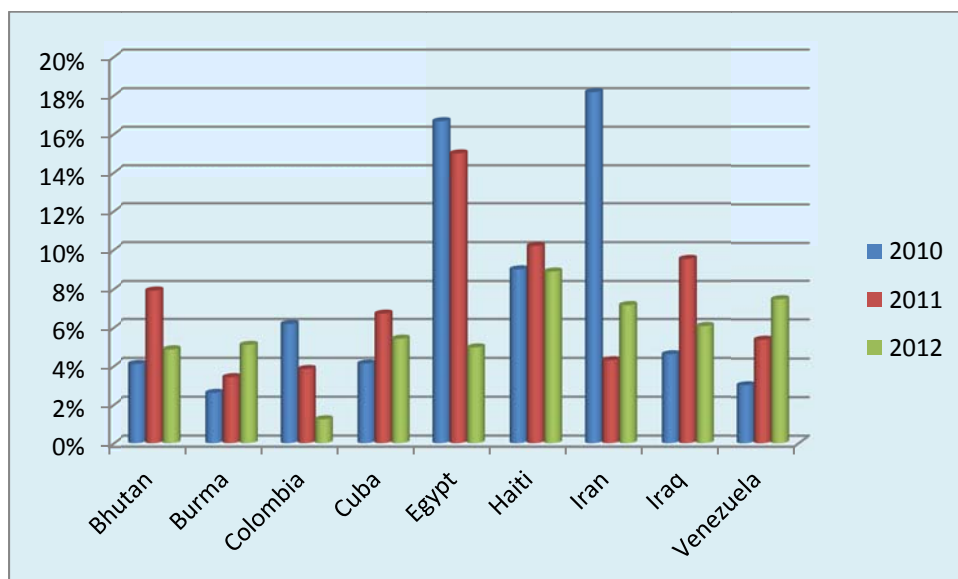


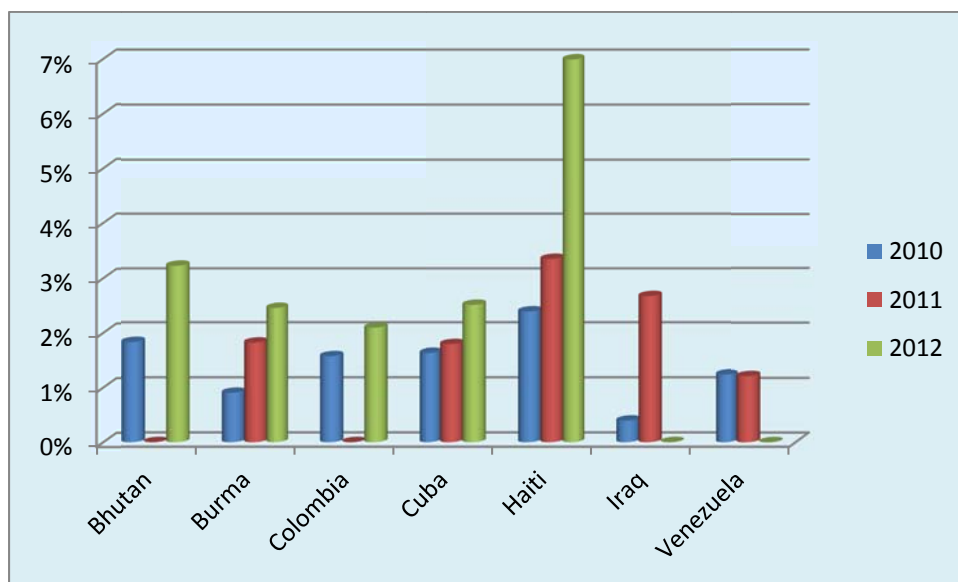
Figure 5. Percentage of Arrivals from Select Countries with Elevated Blood Sugar Levels, CY 2010-2012, RDHAS Data



Chlamydia and Gonorrhea

Chlamydia is the most commonly reported bacterial sexually transmitted disease (STD) in the U.S. and is most prevalent among 15-25 year-old females. Many individuals infected with chlamydia are asymptomatic; therefore, it is essential to test newly arrived refugees to reduce the onset of pelvic inflammatory disease and infertility, common adverse outcomes for leaving the condition untreated (CDC, 2014). The RHP requires all sexually active female refugees between the ages of 15 and 25 or with identified risk factors for infection to undergo a nucleic acid amplification urine test for chlamydia and gonorrhea (the second most commonly reported bacterial STD with similar presentation and outcomes; CDC, 2014). Between 2010 and 2012, the overall percentage of positivity for gonorrhea and chlamydia was 1.91%. Refugees arriving from Bhutan, Burma, Colombia, Cuba, Haiti, Iraq, and Venezuela had the highest prevalence of gonorrhea and chlamydia. Figure 6 shows that the prevalence of chlamydia and gonorrhea among newly arrived refugees ranged from 0% to approximately 3%. Most notably, the prevalence of chlamydia and gonorrhea among newly arrived Haitian refugees spiked in 2012, reaching almost 7%.

Figure 6. Percentage of Arrivals from Select Countries Testing Positive for Chlamydia and Gonorrhea, CY 2010-2012, RDHAS Data

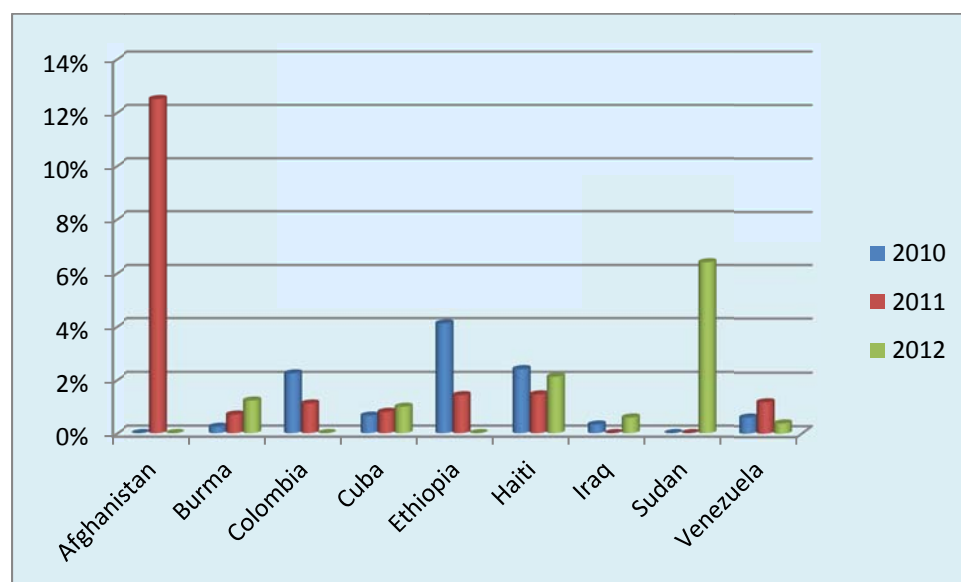


Syphilis

While syphilis is less prevalent in the U.S. than either chlamydia or gonorrhea, syphilis presents a significant risk to public health because it is highly contagious. The signs and symptoms of syphilis often resemble those of other health conditions and may go unnoticed, making the disease difficult to detect. Syphilis may ultimately lead to paralysis, blindness, dementia, organ

damage, and death (CDC, 2014b). The RHP requires all refugees over the age of 15, and refugees under 15 with identified risk factors to be tested. The overall percentage of positivity for all arrivals between 2010 and 2012 was 0.82%.

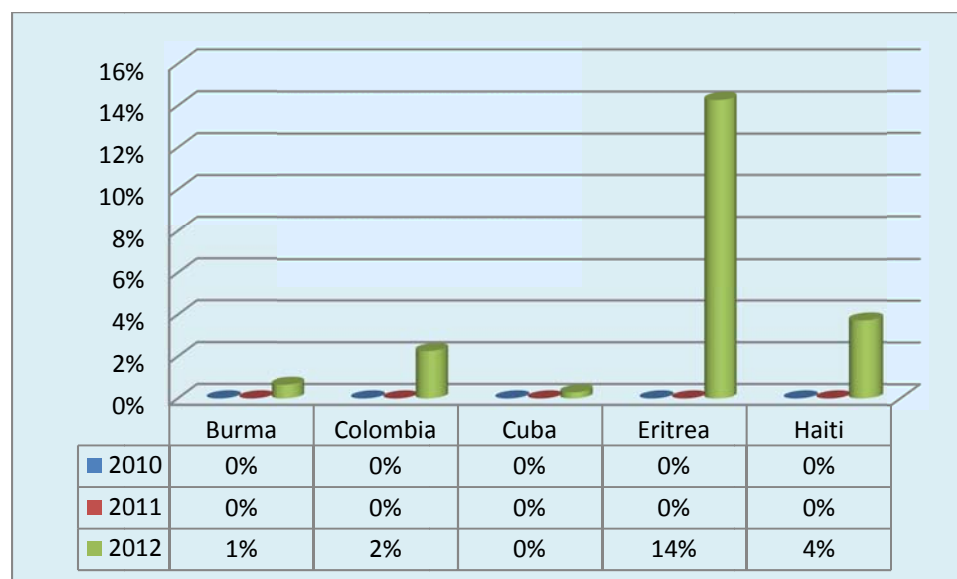
Figure 7. Percentage of Arrivals from Countries Testing Positive for Syphilis, CY 2010-2012, RDHAS Data



HIV

HIV/AIDS continues to pose a serious health threat around the world. Approximately 75 million people have been infected with HIV and 36 million people have died from the virus since the condition was first recognized (WHO, 2014b). Sub-Saharan Africa and Southeast Asia are especially affected by the disease. Factors such as poverty, war, sexual abuse and violence, exploitation, and gender bias are some of the conditions that increase refugees' risk for becoming infected with HIV. Due to improved HIV therapies such as highly active antiretroviral therapy (HAART), which has significantly improved morbidity and mortality outcomes, the CDC removed HIV from the list of inadmissible medical conditions in January 2010 (CDC, 2012). At the same time, screening for HIV was removed from mandatory screening requirements for the overseas visa medical examination (OVME). The RHP requires all newly arrived refugees to undergo HIV testing and counseling. During the reporting period, the RHP identified few refugees with HIV. The percentage of arrivals testing positive for HIV from select countries are illustrated in Figure 8.

Figure 8. Percentage of Arrivals from Countries Testing Positive for HIV, CY 2010-2012, RDHAS Data



Extended Health Services Program

Since 2009, the RHP has received additional funding from the Department of Children and Families, Refugee Services to implement the Extended Health Services Program (EHSP). The program provides funding for a Refugee Health Case Management Program, basic interpreter training courses, and health enablers for new refugee arrivals. The Refugee Health Case Management Program provides four part-time and one full-time refugee health case managers (RHCMS) in select areas of the state to provide medical case management services to refugees in need of assistance with accessing follow-up medical care. The case managers are located in Duval, Hillsborough, Orange, and Palm Beach counties to assist refugees with a variety of needs ranging from scheduling primary care or specialty care appointments to coordinating care for critical medical conditions such as heart disease. RHCMS also provide a significant amount of education to refugee clients regarding the healthcare system, health insurance, and health care facilities.

The Preventive Health Grant

The Office of Refugee Resettlement awarded funding under the Preventive Health Grant to the RHP in August 2011. The grant funds basic interpreter trainings throughout the state, document translation and printing, and mental health services in Duval County, Florida. Participants in the basic interpreter trainings included bilingual staff members from LHDs and refugee resettlement agencies who primarily serve foreign-born populations. The trainings focused on the interpreter's role when working with a client, responsibilities and professional ethics, dynamics

of cross-cultural interaction, business practices, state, federal and agency legislation, and cultural competency. The mental health services supported by the grant are limited to Duval County, Florida, which receives the most diverse populations of refugee arrivals in the state. The *Healing Project* provides mental health orientation to refugees at resettlement agencies in Duval County and provides mental health counseling to refugees with identified mental health conditions.

Appendix 1

Refugee Arrivals by County, CY 2010, RDHAS				
COUNTY	ARRIVALS	% Total Arrivals	SCREENINGS	% of Arrivals Screened
ALACHUA	15	0.06%	12	80.00%
BAY	9	0.04%	9	100.00%
BREVARD	22	0.09%	20	90.91%
BROWARD	576	2.30%	534	92.71%
CHARLOTTE	20	0.08%	20	100.00%
CITRUS	1	0.00%	1	100.00%
CLAY	11	0.04%	0	0.00%
COLLIER	415	1.66%	398	95.90%
MIAMI-DADE	18,169	72.62%	17,365	95.57%
DUVAL	1,120	4.48%	958	85.54%
ESCAMBIA	11	0.04%	10	90.91%
FLAGLER	20	0.08%	20	100.00%
GLADES	4	0.02%	4	100.00%
HENDRY	19	0.08%	1	5.26%
HERNANDO	9	0.04%	6	66.67%
HIGHLANDS	5	0.02%	1	20.00%
HILLSBOROUGH	1,795	7.17%	1,455	81.06%
INDIAN RIVER	3	0.01%	2	66.67%
LAKE	17	0.07%	12	70.59%
LEE	261	1.04%	188	72.03%
LEON	5	0.02%	4	80.00%
MADISON	1	0.00%	0	0.00%
MANATEE	45	0.18%	45	100.00%
MARION	17	0.07%	5	29.41%
MARTIN	1	0.00%	1	100.00%
MONROE	88	0.35%	83	94.32%
OKEECHOBEE	4	0.02%	3	75.00%
ORANGE	665	2.66%	604	90.83%
OSCEOLA	93	0.37%	83	89.25%

Refugee Arrivals by County, CY 2010, RDHAS Continued				
COUNTY	ARRIVALS	% Total Arrivals	SCREENINGS	% of Arrivals Screened
PALM BEACH	974	3.89%	885	90.86%
PASCO	41	0.16%	39	95.12%
PINELLAS	228	0.91%	223	97.81%
POLK	65	0.26%	61	93.85%
SAINT JOHNS	3	0.01%	3	100.00%
SAINT LUCIE	35	0.14%	31	88.57%
SARASOTA	98	0.39%	92	93.88%
SEMINOLE	126	0.50%	126	100.00%
SUWANNEE	3	0.01%	3	100.00%
VOLUSIA	25	0.10%	20	80.00%
TOTALS	25,019	100.00%	23,327	93.24%

Refugee Arrivals by County, CY 2011, RDHAS				
COUNTY	ARRIVALS	% Total Arrivals	SCREENINGS	% of Arrivals Screened
ALACHUA	8	0.03%	7	87.50%
BAY	3	0.01%	3	100.00%
BREVARD	14	0.05%	13	92.86%
BROWARD	730	2.80%	675	92.47%
CHARLOTTE	14	0.05%	7	50.00%
CLAY	4	0.02%	1	25.00%
COLLIER	460	1.77%	438	95.22%
MIAMI-DADE	19,510	74.92%	18,516	94.91%
DUVAL	862	3.31%	790	91.65%
ESCAMBIA	17	0.07%	10	58.82%
FLAGLER	12	0.05%	9	75.00%
GLADES	13	0.05%	13	100.00%
HENDRY	12	0.05%	6	50.00%

Refugee Arrivals by County, CY 2011, RDHAS Continued				
COUNTY	ARRIVALS	% Total Arrivals	SCREENINGS	% of Arrivals Screened
HERNANDO	12	0.05%	12	100.00%
HIGHLANDS	10	0.04%	3	30.00%
HILLSBOROUGH	1,627	6.25%	1,318	81.01%
LAKE	11	0.04%	7	63.64%
LEE	302	1.16%	273	90.40%
LEON	3	0.01%	2	66.67%
LEVY	1	0.00%	0	0.00%
MANATEE	25	0.10%	25	100.00%
MARION	16	0.06%	13	81.25%
MONROE	104	0.40%	95	91.35%
OKEECHOBEE	8	0.03%	7	87.50%
ORANGE	641	2.46%	565	88.14%
OSCEOLA	111	0.43%	108	97.30%
PALM BEACH	919	3.53%	810	88.14%
PASCO	50	0.19%	44	88.00%
PINELLAS	200	0.77%	194	97.00%
POLK	87	0.33%	59	67.82%
SAINT JOHNS	1	0.00%	0	0.00%
SAINT LUCIE	41	0.16%	24	58.54%
SARASOTA	104	0.40%	96	92.31%
SEMINOLE	94	0.36%	94	100.00%
SUMTER	1	0.00%	0	0.00%
SUWANNEE	4	0.02%	3	75.00%
VOLUSIA	10	0.04%	10	100.00%
TOTALS	26,041	100.00%	24,250	93.12%

Refugee Arrivals by County, CY 2012, RDHAS				
COUNTY	ARRIVALS	% Total Arrivals	SCREENINGS	% of Arrivals Screened
ALACHUA	9	0.03%	9	100.00%
BAY	3	0.01%	2	66.67%
BREVARD	26	0.09%	24	92.31%
BROWARD	729	2.38%	694	95.20%
CHARLOTTE	10	0.03%	10	100.00%
CLAY	1	0.00%	0	0.00%
COLLIER	531	1.74%	518	97.55%
COLUMBIA	1	0.00%	0	0.00%
MIAMI-DADE	22,485	73.55%	21,073	93.72%
DUVAL	1,048	3.43%	961	91.70%
ESCAMBIA	31	0.10%	20	64.52%
FLAGLER	16	0.05%	16	100.00%
GLADES	3	0.01%	3	100.00%
GULF	1	0.00%	1	100.00%
HENDRY	35	0.11%	34	97.14%
HERNANDO	9	0.03%	9	100.00%
HIGHLANDS	7	0.02%	2	28.57%
HILLSBOROUGH	1,848	6.05%	1,740	94.16%
INDIAN RIVER	8	0.03%	2	25.00%
LAKE	7	0.02%	5	71.43%
LEE	449	1.47%	374	83.30%
LEON	10	0.03%	8	80.00%
LEVY	2	0.01%	2	100.00%
MADISON	3	0.01%	2	66.67%
MANATEE	44	0.14%	44	100.00%
MARION	14	0.05%	13	92.86%
MONROE	160	0.52%	151	94.38%
OKALOOSA	3	0.01%	0	0.00%
ORANGE	862	2.82%	809	93.85%
OSCEOLA	193	0.63%	178	92.23%

Refugee Arrivals by County, CY 2012, RDHAS Continued				
COUNTY	ARRIVALS	% Total Arrivals	SCREENINGS	% of Arrivals Screened
PALM BEACH	1,203	3.94%	1,115	92.68%
PASCO	61	0.20%	58	95.08%
PINELLAS	386	1.26%	382	98.96%
POLK	71	0.23%	68	95.77%
SAINT JOHNS	4	0.01%	2	50.00%
SAINT LUCIE	33	0.11%	27	81.82%
SARASOTA	94	0.31%	85	90.43%
SEMINOLE	158	0.52%	158	100.00%
TAYLOR	2	0.01%	0	0.00%
VOLUSIA	10	0.03%	7	70.00%
TOTALS	30,570	100.00%	28,606	93.58%

Appendix 2

Refugee Arrivals by Country of Origin, CY 2010, RDHAS Continued				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
AFGHANISTAN	13	0.05%	13	100.00%
ALBANIA	1	0.00%	1	100.00%
AZERBAIJAN	1	0.00%	1	100.00%
BELARUS	4	0.02%	2	50.00%
BHUTAN	143	0.57%	130	90.91%
BOLIVIA	4	0.02%	3	75.00%
BULGARIA	1	0.00%	0	0.00%
BURMA	674	2.69%	525	77.89%
BURUNDI	6	0.02%	5	83.33%
CAMBODIA	1	0.00%	1	100.00%
CAMEROON	8	0.03%	6	75.00%
CHAD	1	0.00%	1	100.00%
CHINA	50	0.20%	21	42.00%
COLOMBIA	200	0.80%	191	95.50%
CONGO	34	0.14%	33	97.06%
CUBA	22,166	88.60%	20,900	94.29%
CZECHOSLOVAKIA	1	0.00%	1	100.00%
DEM. REP. OF CONGO	3	0.01%	3	100.00%
DJIBOUTI	1	0.00%	1	100.00%
ECUADOR	2	0.01%	2	100.00%
EGYPT	13	0.05%	12	92.31%
EL SALVADOR	6	0.02%	5	83.33%
ERITREA	11	0.04%	11	100.00%
ESTONIA	4	0.02%	4	100.00%
ETHIOPIA	60	0.24%	56	93.33%
GHANA	4	0.02%	4	100.00%
GUATEMALA	6	0.02%	0	0.00%
HAITI	721	2.88%	572	79.33%

Refugee Arrivals by Country of Origin, CY 2010, RDHA ¹ Continued				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
HONDURAS	1	0.00%	1	100.00%
HUNGARY	1	0.00%	0	0.00%
INDIA	4	0.02%	2	50.00%
IRAN	26	0.10%	26	100.00%
IRAQ	451	1.80%	417	92.46%
JORDAN	8	0.03%	7	87.50%
KAZAKHSTAN	10	0.04%	10	100.00%
KENYA	14	0.06%	12	85.71%
KUWAIT	1	0.00%	1	100.00%
LEBANON	8	0.03%	8	100.00%
LIBERIA	2	0.01%	1	50.00%
MAURITANIA	1	0.00%	1	100.00%
MEXICO	5	0.02%	5	100.00%
MOLDOVA	2	0.01%	2	100.00%
MOZAMBIQUE	2	0.01%	2	100.00%
NICARAGUA	8	0.03%	5	62.50%
NIGERIA	1	0.00%	1	100.00%
PERU	4	0.02%	4	100.00%
PHILIPPINES	1	0.00%	1	100.00%
RUSSIA	17	0.07%	14	82.35%
RWANDA	4	0.02%	4	100.00%
SENEGAL	2	0.01%	2	100.00%
SOMALIA	3	0.01%	3	100.00%
SOUTH AFRICA	1	0.00%	1	100.00%
SUDAN	11	0.04%	11	100.00%
SYRIA	1	0.00%	0	0.00%
TANZANIA	20	0.08%	20	100.00%
TOGO	1	0.00%	1	100.00%
TURKEY	3	0.01%	1	33.33%
UKRAINE	14	0.06%	12	85.71%

Refugee Arrivals by Country of Origin, CY 2010, RDHAS Continued				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
UNKNOWN	3	0.01%	3	100.00%
VENEZUELA	230	0.92%	227	98.70%
VIETNAM	15	0.06%	13	86.67%
YEMEN	2	0.01%	2	100.00%
ZAMBIA	3	0.01%	3	100.00%
TOTALS	25,019	100.00%	23,327	93.24%

Refugee Arrivals by Country of Origin, CY 2011, RDHAS				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
AFGHANISTAN	8	0.03%	8	100.00%
AZERBAIZAN	1	0.00%	1	100.00%
BELARUS	1	0.00%	0	0.00%
BHUTAN	83	0.32%	79	95.18%
BOLIVIA	12	0.05%	10	83.33%
BRAZIL	1	0.00%	1	100.00%
BURMA	611	2.35%	527	86.25%
BURUNDI	1	0.00%	1	100.00%
CAMBODIA	1	0.00%	1	100.00%
CAMEROON	6	0.02%	6	100.00%
CENTRAL AFRICAN REP.	1	0.00%	1	100.00%
CHINA	8	0.03%	7	87.50%
COLOMBIA	125	0.48%	115	92.00%
CONGO	24	0.09%	23	95.83%
COSTA RICA	4	0.02%	3	75.00%
CUBA	23,596	90.61%	22,162	93.92%
DEM. REP. OF CONGO	3	0.01%	3	100.00%
ECUADOR	8	0.03%	7	87.50%
EGYPT	23	0.09%	20	86.96%

Refugee Arrivals by Country of Origin, CY 2011, RDHAS Continued				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
ERITREA	18	0.07%	18	100.00%
ETHIOPIA	84	0.32%	77	91.67%
GERMANY	1	0.00%	1	100.00%
GUATEMALA	6	0.02%	6	100.00%
HAITI	717	2.75%	513	71.55%
HONDURAS	7	0.03%	3	42.86%
INDIA	2	0.01%	2	100.00%
IRAN	59	0.23%	56	94.92%
IRAQ	149	0.57%	141	94.63%
IVORY COAST	1	0.00%	0	0.00%
JORDAN	2	0.01%	2	100.00%
KENYA	5	0.02%	5	100.00%
KUWAIT	1	0.00%	1	100.00%
KYRGYZSTAN	1	0.00%	1	100.00%
LIBERIA	6	0.02%	6	100.00%
LIBYA	1	0.00%	1	100.00%
MEXICO	9	0.03%	9	100.00%
MOLDOVA	2	0.01%	2	100.00%
NICARAGUA	2	0.01%	0	0.00%
PERU	1	0.00%	1	100.00%
PHILIPPINES	4	0.02%	4	100.00%
RUSSIA	23	0.09%	21	91.30%
RWANDA	6	0.02%	6	100.00%
SOUTH AFRICA	1	0.00%	1	100.00%
SUDAN	20	0.08%	20	100.00%
SYRIA	3	0.01%	3	100.00%
TANZANIA	2	0.01%	2	100.00%
TURKMENISTAN	2	0.01%	0	0.00%
UKRAINE	25	0.10%	21	84.00%
UNITED ARAB EMIRATES	1	0.00%	1	100.00%
UNKNOWN	3	0.01%	3	100.00%
UZBEKISTAN	4	0.02%	4	100.00%
VENEZUELA	355	1.36%	343	96.62%

Refugee Arrivals by Country of Origin, CY 2011, RDHAS Continued				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
ZAMBIA	1	0.00%	1	100.00%
TOTALS	26,041	100.00%	24,250	93.12%

Refugee Arrivals by Country of Origin, CY 2012, RDHAS				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
AFGHANISTAN	21	0.07%	21	100.00%
ALGERIA	1	0.00%	1	100.00%
ANGOLA	1	0.00%	0	0.00%
BELARUS	5	0.02%	5	100.00%
BHUTAN	93	0.30%	93	100.00%
BOLIVIA	3	0.01%	3	100.00%
BULGARIA	2	0.01%	2	100.00%
BURMA	492	1.61%	401	81.50%
CAMBODIA	1	0.00%	1	100.00%
CAMEROON	3	0.01%	0	0.00%
CHINA	15	0.05%	7	46.67%
COLOMBIA	161	0.53%	157	97.52%
CONGO	29	0.09%	26	89.66%
CUBA	27,786	90.89%	26,105	93.95%
DEM. REP. OF CONGO	3	0.01%	3	100.00%
DJIBOUTI	3	0.01%	2	66.67%
ECUADOR	2	0.01%	2	100.00%
EGYPT	201	0.66%	201	100.00%
EL SALVADOR	3	0.01%	2	66.67%
ERITREA	17	0.06%	17	100.00%
ETHIOPIA	75	0.25%	71	94.67%
GERMANY	1	0.00%	0	0.00%
GUATEMALA	1	0.00%	1	100.00%
HAITI	511	1.67%	424	82.97%

Refugee Arrivals by Country of Origin, CY 2012, RDHAS Continued				
COUNTRY OF ORIGIN	ARRIVALS	% of Total Arrivals	SCREENINGS	% of Arrivals Screened
HONDURAS	11	0.04%	11	100.00%
HUNGARY	1	0.00%	1	100.00%
INDIA	3	0.01%	3	100.00%
IRAN	20	0.07%	17	85.00%
IRAQ	540	1.77%	491	90.93%
JORDAN	23	0.08%	23	100.00%
KENYA	4	0.01%	2	50.00%
KUWAIT	5	0.02%	5	100.00%
KYRGYZSTAN	4	0.01%	4	100.00%
LEBANON	2	0.01%	2	100.00%
LIBYA	2	0.01%	2	100.00%
MEXICO	4	0.01%	3	75.00%
MOLDOVA	1	0.00%	1	100.00%
NICARAGUA	1	0.00%	0	0.00%
PAKISTAN	8	0.03%	8	100.00%
PHILIPPINES	5	0.02%	5	100.00%
RUSSIA	31	0.10%	29	93.55%
SOMALIA	26	0.09%	21	80.77%
SRI LANKA	1	0.00%	1	100.00%
SUDAN	56	0.18%	55	98.21%
SYRIA	14	0.05%	13	92.86%
TANZANIA	2	0.01%	2	100.00%
TURKEY	1	0.00%	0	0.00%
TURKMENISTAN	1	0.00%	0	0.00%
UGANDA	6	0.02%	4	66.67%
UKRAINE	6	0.02%	6	100.00%
UNITED ARAB EMIRATES	1	0.00%	1	100.00%
UNKNOWN	2	0.01%	2	100.00%
UZBEKISTAN	2	0.01%	2	100.00%
VENEZUELA	350	1.14%	345	98.57%
WEST BANK	4	0.01%	0	0.00%
YEMEN	3	0.01%	2	66.67%
TOTALS	30,570	100.00%	28,606	93.58%

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